

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>9 9 — 0 1 2</u>	2. STATE: NV
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 07/01/99	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION: SSA Section 1902(a)(13) as amended by Section 4711 of the BBA of 1997	7. FEDERAL BUDGET IMPACT: (Refer to 9/11/00 Lett a. FFY <u>00</u> \$ <u>1,000,000</u> b. FFY <u>01</u> \$ <u>1,000,000</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, pages 5a and 9	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-A, pages 5a and 9

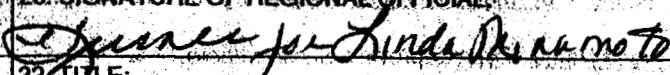
10. SUBJECT OF AMENDMENT:

Hospital Payment Rates

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Betty Leyrer Chief Program Services Nevada Medicaid 2527 N Carson St Carson City, NV 89706
13. TYPED NAME: Charlotte Crawford	
14. TITLE: Director, Dept of Human Resources	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 9/30/99	18. DATE APPROVED: 10/16/00
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/99	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Linda Minamoto	22. TITLE: Associate Regional Administrator Division of Medicaid

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

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VII. HOSPITALS UNDER MEDICAID RETROSPECTIVE COST REIMBURSEMENT
(SPECIALTY HOSPITALS AND CRITICAL ACCESS HOSPITALS)

A few Nevada hospitals are licensed to provide acute care for a single diagnostic category. To the extent these hospitals participate in Medicaid, they are reimbursed under Medicare's retrospective cost reimbursement (excluding psychiatric hospitals), as follows:

- A. Inpatient hospital services which have been certified for payment at the acute level by a professional review organization, as specified in the contract between NevPRO and Nevada Medicaid, upon final settlement are reimbursed allowable costs under hospital-specific retrospective Medicare principles of reimbursement in accordance with 42 CFR Part 413.30 and 413.40, Subpart C, and further described in HCFA Publications 15-I and 15-II.
- B. On an interim basis, each hospital is paid for certified acute care at the lower of 1) billed charges, or 2) the rate paid to general acute care hospitals for the same services.

Facilities accredited as Residential Treatment Centers by the Joint Commission on Accreditation of Health Organization (JCAHO) are not considered specialty or general acute hospitals. Residential Treatment Centers are paid in accordance with paragraph VI above.

VIII. HOSPITALS SERVING LOW-INCOME PATIENTS
DISPROPORTIONATE SHARE HOSPITALS

- A. Subject to the provisions of paragraph 5, a hospital will qualify as disproportionate if it meets any of the conditions under paragraphs 1 through 4.
 - 1. A hospital's Medicaid inpatient utilization rate is at least one standard deviation above the mean Medicaid inpatient utilization rate for hospitals receiving Medicaid payment in the State.

OR

TN# 99-12
Supersedes
TN# 97-10

OCT 16 2000
Approval Date _____

Effective Date July 1, 1999

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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XI. RATE ADJUSTMENTS

Payment is made for services provided in inpatient hospital facilities in accordance with Section 1902(a)(13) of the Social Security Act as amended by Section 4711 of the Balanced Act of 1997. Prospective payment rates are based using the most current hospital costs reports (HCFA 2552) and cost reimbursement series (CRS) reports following the steps described in Sections II - V above. Rates in effect on June 30, 1999 will be continued without adjustment except as may be directed by the Department of Human Resources.

XII. MONITORING FUTURE RATES

Nevada Medicaid monitors cost and utilization experience of all hospitals by evaluation of the cost reports filed each year. Payments are examined closely. Should modification of any elements or procedures such as creation or deletion of a rate or group appear necessary, this State Plan Attachment will be amended.

XIII. ADVANCES

Upon request, each hospital may receive each month an advance payment that represents expected monthly Medicaid reimbursement to that facility. Each advance is offset by claims processed during the month. Month-end +/- discrepancies automatically adjust the advance issued the following month.

TN# 99-12
Supersedes
TN# 93-20

Approval Date OCT 16 2000

Effective Date July 1, 1999